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EXAMINER

PRENDERGAST, ROBERTA D

ART UNIT

PAPER NUMBER

2671

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Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

10/717,347

Applicant(s)

KERR ET AL.

Examiner

Roberta Prendergast

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 24 February 2004.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-36 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-36 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☒ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 19 November 2003 is/are: a) ☐ accepted or b) ☒ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date <u>4/20/2004</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Drawings

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they do not include the following reference sign(s) mentioned in the description: Fig. 1 elements 26, 50, 60, 74, and 84 and Fig. 2 elements 14, 28, 40, and 66.

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they include the following reference character(s) not mentioned in the description: Fig. 1 elements 36, 42 and 62 and Fig. 2 element 60.

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(4) because reference character "26" has been used to designate both "...at least one electronic image or related data..." and "...tracking memory...", see page 6, lines 7, 21, and 29 and page 8, line 8.

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(4) because reference character "28" has been used to designate both "...control processing unit..." and "...tracking memory...", see page 7, lines 3 and 7.

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(4) because reference character "24" has been used to designate both "...radio frequency read write device..." and "...display device...", see page 10, line 29 and page 11, line 22.

Corrected drawing sheets in compliance with 37 CFR 1.121(d) are required in reply to the Office action to avoid abandonment of the application. Any amended replacement drawing sheet should include all of the figures

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appearing on the immediate prior version of the sheet, even if only one figure is being amended. Each drawing sheet submitted after the filing date of an application must be labeled in the top margin as either "Replacement Sheet" or "New Sheet" pursuant to 37 CFR 1.121(d). If the changes are not accepted by the examiner, the applicant will be notified and informed of any required corrective action in the next Office action. The objection to the drawings will not be held in abeyance.

Specification

The disclosure is objected to because of the following informalities:

"...media used to capture the equipment..." page 6, lines 34.

Appropriate correction is required.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 1-19, 28-30, and 33-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Inbar et al., U.S. Patent No. 5790216 in view of Dewaele U.S. Patent No. 5757021.

Referring to claim 1, Inbar et al. teaches a viewing device for viewing at least one image transparency having an associated tracking memory (column 9,

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lines 3-4, i.e. the x-ray film has a barcode label attached which contains tracking information that identifies the film), the viewing device comprising an illumination device having at least one viewing surface adapted to present at least one illumination pattern (Fig. 6(element 56); column 7, lines 30-48, i.e. a light box is provided for viewing x-ray transparencies), at least one read device for obtaining electronic data stored in an associated tracking memory of an image transparency positioned proximate to the viewing surface (Fig. 6(element 70); column 9, lines 4-7, i.e. a barcode reader is provided for reading the tracking information identifying the x-ray film), at least one display device for viewing at least one electronic image related to said at least one image transparency (Fig. 6(element 60); column 5, lines 6-16 and 33-50; column 6, lines 24-34 and 53-62; columns 8-9, lines 48-7; i.e. a display device such as a TV monitor is used to view images relating to the transparency such as digital images produced by a CT scanner or patient history information), and a control processing unit adapted to receive said obtained data from said associated tracking memory and to use the obtained data for forming the at least one electronic image (Fig. 3(element 32) and 6(element 61); column 11, lines 16-30; column 12, lines 2-48; column 14, lines 19-34 and 45-67, i.e. the microprocessor is understood to be the control unit that receives the data and uses the data to form at least one electronic image related to the transparency image) but does not specifically teach at least one radio frequency read write device for obtaining electronic data stored in an associated tracking memory of an image transparency positioned proximate to the viewing surface.

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Dewaele teaches at least one radio frequency read write device for obtaining electronic data stored in an associated tracking memory of an image transparency positioned proximate to the viewing surface (column 5, lines 49-52; columns 5-6, lines 65-9; column 6, lines 38-51 and 59-65).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include at least one radio frequency read write device for obtaining electronic data stored in an associated tracking memory of an image transparency positioned proximate to the viewing surface because barcodes provide limited storage capacity that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 2, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein the control processing unit uses the obtained data from said associated tracking memory to obtain a patient related image from a database and forms the at least one electronic image based upon the obtained patient related image (Fig. 3(element 35); column 12, lines 10-23, i.e. the control processing unit obtains data related to the transparency from the radiofrequency tag tracking memory and queries a database to obtain electronic images associated with the patient).

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Referring to claim 3, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein the control processing unit uses the obtained data from said associated tracking memory to obtain patient related data and forms the at least one electronic image based upon the obtained patient related data (Fig. 3(element 32) and 6(element 61); column 11, lines 16-30; column 12, lines 2-48; column 14, lines 19-34 and 45-67, i.e. the microprocessor is understood to be the control unit that receives the data and uses the data to form at least one electronic image related to the transparency image).

Referring to claim 4, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein the controller forms the at least one electronic image using at least one of a patient related image and patient related data that is stored in the tracking memory (column 5, lines 14-38; column 6, lines 43-53; column 12, lines 9-23, i.e. the controller forms the electronic image using a patient related image/transparency image and additional patient related data information such as identification information or parts of body).

Referring to claim 5, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein the at least one of the patient related image and patient related data is provided by a medical monitoring device (Fig. 6(elements 74, 76, and 78); column 5, lines 6-25; column 6, lines 53-62).

Referring to claim 6, the rationale for claim 4 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 4 wherein the at least one of the patient related image and patient related data is stored in a database (Fig. 3(element 35); column 12, lines 10-23) but does not specifically teach wherein the database is a network database.

Dewaele teaches wherein the at least one of the patient related image and patient related data is stored in a network database (Fig. 1(element 9); column 5, lines 18-52; columns 5-6, lines 65-9; column 6, lines 59-65, i.e. it is understood that the identification data is being stored in the hospital RIS/HIS network database).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the at least one of the patient related image and patient related data is stored in a network database thereby allowing the hospital registration desk to perform the task of manually inputting or retrieving via the RIS link the registration information required for patient identification (column 5, lines 18-26).

Referring to claim 7, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein at least one illumination pattern is generated by the illumination device for passing through at least one image transparency and the appearance of said at least one illumination pattern is determined based upon data obtained from said associated tracking memory associated with said at least one image transparency (column

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5, lines 1-28, i.e. an illumination pattern wherein additional areas not covered by the transparency is operated in high resolution for displaying information related to the transparencies wherein the information is registered in tracking memory such as a bar code label or magnetic material located on the transparency).

Referring to claim 8, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein the at least one illumination pattern is determined based upon data obtained from said associated tracking memory associated with said at least one image transparency (column 5, lines 1-28, i.e. an illumination pattern wherein additional areas not covered by the transparency is operated in high resolution for displaying information related to the transparencies wherein the information is registered in tracking memory such as a bar code label or magnetic material located on the transparency).

Referring to claim 9, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein said at least one viewing surface comprises a touch screen (column 5, lines 55-59).

Referring to claim 10, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 further comprising a stylus for performing annotations on said viewing surface (Fig. 1A; column 5, lines 55-59, i.e. it is understood that a pointing instrument is a stylus).

Referring to claim 11, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein at one of the at least illumination patterns comprises a generally uniform illumination area

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and the controller automatically shapes the generally uniform illumination area to correspond with an outline of the image transparency and arranges the generally uniform illumination area so that light from the illumination area passes through the image transparency (column 4, lines 33-44, i.e. the boundaries of the transparency is detected and the elemental portions of the viewing surface underlying the detected boundaries are operated in high resolution).

Referring to claim 12, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 wherein one of said at least one illumination pattern comprises a generally uniform illumination area wherein the viewing device comprises a sensor for detecting a viewer action that defines the size and placement of the illumination area (column 5, lines 38-59, i.e. a user defines the region of interest).

Referring to claim 13, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 but does not specifically teach wherein said radio frequency read write device comprises a radio frequency transponder.

Dewaele teaches wherein said radio frequency read write device comprises a radio frequency transponder (column 5, lines 49-52; columns 5-6, lines 65-9; column 6, lines 38-51 and 59-65).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein said radio frequency read write device comprises a radio frequency transponder because barcode labels provide limited storage capacity

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that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 14, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 further comprising a text entry system for receiving an annotation (Figs. 1A, 1B and 5(element 64); column 12, lines 10-21).

Referring to claim 15, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 further comprising an audio input system for recording audio information about the at least one image transparency (Fig. 1A, i.e. a system that includes a microphone comprises an audio input system for recording audio information).

Referring to claim 16, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 but does not specifically teach wherein the associated tracking memory stores a network address for the at least one electronic image or related data.

Dewaele teaches wherein the associated tracking memory stores a network address for the at least one electronic image or related data (column 6, lines 33-52, i.e. storing the destination type to which a readout image can be transmitted into an rf tag indicates that a network address for the at least one

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electronic image or related data is stored in the associated rf tag tracking memory).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the associated tracking memory stores a network address for the at least one electronic image or related data because barcodes provide limited storage capacity that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 17, claim 17 recites the limitations of claims 1 and 13 and therefore the rationale for the rejection of claims 1 and 13 are incorporated herein.

Referring to claim 18, the rationale for claim 17 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 17 but does not specifically teach wherein the radio frequency transponder has a memory for storing the patient identification information.

Dewaele teaches wherein the radio frequency transponder has a memory for storing the patient identification information (column 5, lines 49-52; columns 5-6, lines 65-9; column 6, lines 38-51 and 59-65).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the radio frequency transponder has a memory for storing the patient identification information because barcode labels provide limited storage capacity that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 19, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 but does not specifically teach wherein the tracking memory also stores information about characteristics of the image transparency and the control- processing unit adjusts the appearance of the image based upon said illumination characteristics stored in memory.

Dewaele teaches wherein the tracking memory also stores information about characteristics of the image transparency and the control- processing unit adjusts the appearance of the image based upon said illumination characteristics stored in memory (column 9, lines 46-61, i.e. characteristics of the image transparency, such as examination type, are stored in tracking memory and the control-processing unit adjusts the appearance of the image based upon the

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adjustment parameters corresponding to the examination type read from the rf tag).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the tracking memory also stores information about characteristics of the image transparency and the control- processing unit adjusts the appearance of the image based upon said illumination characteristics stored in memory because barcode labels provide limited storage capacity that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 28, claim 28 recites the limitations of claims 1 and 7 and therefore the rationale for the rejection of claims 1 and 7 are incorporated herein.

Referring to claim 29, the rationale for claim 28 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 28 but does not specifically teach wherein the at least one electronic image comprises an image that depicts subject matter that is similar to the subject matter of the image transparency but captured at a different time.

Dewaele teaches wherein the at least one electronic image comprises an image that depicts subject matter that is similar to the subject matter of the image

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transparency but captured at a different time (column 5, lines 53-58; column 6, lines 17-22; column 10, lines 28, i.e. it is understood that previous radiographic images are stored in the RIS database and can be utilized to follow a patient's progress after or during treatment).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein data associated with the viewer is recorded in the tracking memory because barcodes provide limited storage capacity that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all previous and subsequent examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 30, the rationale for claim 28 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 28 wherein the at least one electronic image comprises an annotation for the image transparency image (column 5, lines 6-13, 28-46, i.e. it is understood that an electronic image comprising a region of interest taken from the radiological image is an annotation).

Referring to claim 33, claim 33 recites the limitations of claims 1 and 28 and therefore the rationale for the rejection of claims 1 and 28 are incorporated herein.

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Referring to claim 34, claim 34 recites the limitations of claims 33, 3 and 7 and therefore the rationale for the rejection of claims 33, 3 and 7 are incorporated herein.

Referring to claim 35, the rationale for claim 33 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 33 wherein the means for using the obtained data in presenting at least one of the electronic image and the illumination pattern is adapted to use the obtained data to access data indicating at least one of information about the image transparency, the time that the image was recorded on the image transparency and the imaging process used to record the image on the image transparency and to use the accessed data to form the electronic image (column 5, lines 6-38, i.e. the data obtained is one of information about the image transparencies in view, the parts of the body being viewed, or electronic images produced by CT, NMR, or ultrasound).

Claims 20-27 and 32 are rejected under 35 U.S.C. 103(a) as being unpatentable over Inbar et al., U.S. Patent No. 5790216 in view of Dewaele U.S. Patent No. 5757021 as applied to claim 1 above, and further in view of Anderson et al. U.S. Patent No. 6608551.

Referring to claim 20, the rationale for claim 1 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 1 but does not specifically teach having a viewing area radio frequency read write device wherein the viewing area radio frequency read write device sends a first electromagnetic field into a viewing area to identify at least one viewer in the

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viewing area by means of a second electromagnetic field sent from at least one radio frequency transponder associated with the at least one viewer in response to the first electromagnetic field.

Anderson et al. teaches having a viewing area radio frequency read write device wherein the viewing area radio frequency read write device sends a first electromagnetic field into a viewing area to identify at least one viewer in the viewing area by means of a second electromagnetic field sent from at least one radio frequency transponder associated with the at least one viewer in response to the first electromagnetic field (Fig. 1; column 4, lines 39-65; column 6, lines 50-55, i.e. it is understood that the cells are the viewing area, the interrogator is the radio frequency read write device and the wireless device is a device having a radio frequency tag, such as an employee identification card and the second electromagnetic field is the varying amounts of electromagnetic energy reflected).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include having a viewing area radio frequency read write device wherein the viewing area radio frequency read write device sends a first electromagnetic field into a viewing area to identify at least one viewer in the viewing area by means of a second electromagnetic field sent from at least one radio frequency transponder associated with the at least one viewer in response to the first electromagnetic field thereby allowing the host viewing system to control access privileges for the viewer (column 2, lines 22-29; column 6, lines 50-61).

Referring to claim 21, the rationale for claim 20 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 20 wherein if no second electromagnetic field is received in response to the first electromagnetic field no illumination pattern is illuminated. Although, Inbar et al. does not specifically teach wherein if no second electromagnetic field is received in response to the first electromagnetic field no illumination pattern is illuminated it would be reasonable to assume that no illumination pattern would be illuminated since not receiving a second electromagnetic field in response to a first electromagnetic field is an indicator that there is no authorized viewer in the vicinity.

Referring to claim 22, the rationale for claim 21 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 21 but does not specifically teach wherein if a second electromagnetic field is received in response to the first electromagnetic field an illumination pattern is illuminated. Although, Inbar et al. does not specifically teach wherein if a second electromagnetic field is received in response to the first electromagnetic field an illumination pattern is illuminated, it would be reasonable to assume that an illumination pattern would be illuminated since receiving a second electromagnetic field in response to a first electromagnetic field is an indicator that there is an authorized viewer in the vicinity.

Referring to claim 23, the rationale for claim 21 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 21 but does

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not specifically teach wherein the second electromagnetic field is from a radio frequency transponder associated with at least one viewer.

Anderson et al. teaches wherein the second electromagnetic field is from a radio frequency transponder associated with at least one viewer (Fig. 1; column 4, lines 39-65; column 6, lines 50-55, i.e. it is understood that the wireless device is a device having a radio frequency tag including information regarding access privileges to a particular area for a particular viewer, such as access to patient identification and medical history information for a specific transparency).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the second electromagnetic field is from a radio frequency transponder associated with at least one viewer thereby allowing the host viewing system to control access privileges for the viewer as restricted access to patient records is necessary to protect the privacy of the patient (column 2, lines 22-29; column 6, lines 50-61).

Referring to claim 24, the rationale for claim 23 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 23 but does not specifically teach wherein data associated with the viewer is recorded in the tracking memory.

Dewaele teaches wherein data associated with the viewer is recorded in the tracking memory (column 12, lines 34-54, i.e. the patient's identification data, the radiologist's name and the examination types related to the radiologist's name are all stored in the tracking memory).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein data associated with the viewer is recorded in the tracking memory because barcodes provide limited storage capacity that is not adequate for storage of identification data and digital image data and cannot be used for updating information (Dewaele: column 2, lines 56-67; column 3, lines 2-6) whereas radiofrequency tags are not subject to wear and can be rewritten or updated leaving prior data unmodified and can therefore incrementally store all examinations that a patient has undergone so that the tag can be read to retrieve patient history (column 5, lines 49-61).

Referring to claim 25, the rationale for claim 23 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 23 but does not specifically teach wherein the at least one radio frequency transponder is associated with the at least one viewer has a set of access privileges.

Anderson et al. teaches wherein the at least one radio frequency transponder is associated with the at least one viewer has a set of access privileges (column 6, lines 50-61).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the second electromagnetic field is from a radio frequency transponder associated with at least one viewer thereby allowing the host viewing system to control access privileges for the viewer as restricting access to patient records to authorized medical personnel is necessary to protect the

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privacy of the patient and for doctor patient confidentiality (column 2, lines 22-29; column 6, lines 50-61).

Referring to claim 26, the rationale for claim 23 is incorporated herein, Inbar et al., as modified by Anderson et al. above, teaches the viewing device of claim 23 but does not specifically teach wherein the tracking memory has a set of access privileges stored therein. Although, Inbar et al. does not specifically teach wherein the tracking memory has a set of access privileges stored therein, it would be obvious to include this limitation as restricting access to patient records to authorized medical personnel is necessary to protect the privacy of the patient and for doctor patient confidentiality.

Referring to claim 27, the rationale for claim 23 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 23 but does not specifically teach wherein the control processing unit does not cause an illumination pattern to be provided for illuminating the image transparency unless the at least one radio frequency transponder associated with the at least one viewer contains a set of viewing privileges that corresponds to viewing privileges in the tracking memory. Although, Inbar et al. does not specifically teach wherein the control processing unit does not cause an illumination pattern to be provided for illuminating the image transparency unless the at least one radio frequency transponder associated with the at least one viewer contains a set of viewing privileges that corresponds to viewing privileges in the tracking memory it would be obvious to include wherein the control processing unit does not cause an illumination pattern to be provided for illuminating the image transparency unless

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the at least one radio frequency transponder associated with the at least one viewer contains a set of viewing privileges that corresponds to viewing privileges in the tracking memory as restricting access to patient records to authorized medical personnel is necessary to protect the privacy of the patient and for doctor patient confidentiality.

Referring to claim 32, claim 32 recites the limitations of claims 27 and 28 and therefore the rationale for the rejection of claims 27 and 28 are incorporated herein.

Claim 31 is rejected under 35 U.S.C. 103(a) as being unpatentable over Inbar et al., U.S. Patent No. 5790216 in view of Dewaele U.S. Patent No. 5757021 as applied to claim 28 above, and further in view of Wang U.S. Patent No. 5828774.

Referring to claim 31, the rationale for claim 28 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 28 but does not specifically teach wherein the illumination area and the electronic image at least partially overlap.

Wang teaches wherein the illumination area and the electronic image at least partially overlap (Figs. 3-5; columns 2-3, lines 65-23; column 3, lines 31-49; column 5, lines 35-48).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include wherein the illumination area and the electronic image at least partially

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overlap thereby allowing the radiologist to first review the original x-ray film on a monitor and then display the electronic annotation image superimposed on the original image simply by activating a switch so that the radiologist can go back and forth between the annotated and non-annotated images for further diagnosis (column 7, lines 7-17 and 34-54).

Claim 36 is rejected under 35 U.S.C. 103(a) as being unpatentable over Inbar et al., U.S. Patent No. 5790216 in view of Dewaele U.S. Patent No. 5757021 as applied to claim 33 above, and further in view of Schuyler et al. U.S. Patent Application No. 2004/0153671.

Referring to claim 36, the rationale for claim 33 is incorporated herein, Inbar et al., as modified above, teaches the viewing device of claim 33 but does not specifically teach wherein the device further comprises means for detecting viewers proximate to the viewing device, to use the obtained data to determine whether the detected viewers are authorized to view the image transparency and means for preventing the formation of an illumination area where at least one viewer is not authorized to view the image transparency.

Schuyler et al. teaches means for detecting viewers proximate to the viewing device, to use the obtained data to determine whether the detected viewers are authorized to view the image transparency and means for preventing the formation of an illumination area where at least one viewer is not authorized to view the image transparency (Abstract; Figs. 1-7; page 1, paragraphs [0006]-[0010]; page 2, paragraphs [0025]-[0027], i.e. an access control system detects

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viewers that are proximate to the device they wish to access and then uses and RFID reader to interrogate the tokens to ensure they have the proper permissions required to use the viewer and if there is a person that does not have a token or if their token doesn't have the proper permissions then access is denied).

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify the viewing device of Inbar et al. to include means for detecting viewers proximate to the viewing device, to use the obtained data to determine whether the detected viewers are authorized to view the image transparency and means for preventing the formation of an illumination area where at least one viewer is not authorized to view the image transparency thereby preventing access to unauthorized viewers as restricting access to patient records to authorized medical personnel is necessary in order to protect the privacy of the patient and for ensuring doctor patient confidentiality.

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

The following patents are cited to further show the state of the art with respect to annotating medical images.

Yamane et al. U. S. Patent No. 4964066

Cecil et al. U. S. Patent No. 5293313

Wang et al. U. S. Patent No. 5440678

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Spurr et al. U. S. Patent No. 6381418

Merritt et al. U. S. Patent No. 6041335

Wang et al. U. S. Patent No. 2002/0076091

Kerr et al. U. S. Patent No. 2004/0049733

Krishnamurthy et al. U. S. Patent No. 2004/0246270

The following patents are cited to further show the state of the art with respect to transponders.

Gehman et al. U. S. Patent No. 3750167

Drexler U. S. Patent No. 4896027

Heredia et al. U. S. Patent No. 6327972

Whitesmith et al. U. S. Patent No. 6577238

Caronni et al. U. S. Patent No. 6920330

The following patents are cited to further show the state of the art with respect to access permissions.

Palmer et al. U. S. Patent No. 5530702

Duhamel et al. U. S. Patent No. 5541585

Nerlikar U. S. Patent No. 5629981

Horikoshi et al. U. S. Patent No. 6823459

Felsher U. S. Patent Application No. 2002/0010679

Cockerham U. S. Patent No. 2003/0128099

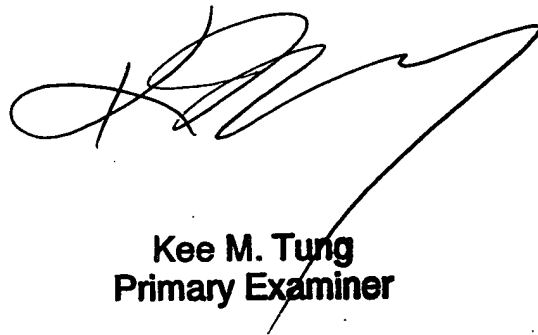
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Any inquiry concerning this communication or earlier communications from the examiner should be directed to Roberta Prendergast whose telephone number is (571) 272-7647. The examiner can normally be reached on M-F 7:00-4:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Ulka Chauhan can be reached on (571) 272-7782. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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RP



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